

THE ROOSEVELT HOSPITAL

Annual Report

1869-1959



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Annual Report

ANNIVERSARY ISSUE

1869-1959

TABLE OF CONTENTS

PAGE

Architect's Drawing of Administration Building	cover
Board of Trustees—Officers, Members and Executive Committee*	inside front cover
Financial Highlights at a Glance	3
Report of the President of the Board of Trustees	4
Report of the Executive Vice President	8
Report of the President of the Medical Board	12
Report of the Chairman of the Volunteer Committee	17
Historic Highlights of First 90 Years	18
The Roosevelt Hospital Balance Sheet, December 31, 1959	20
Statement of Income and Summary of Changes in Funds	22
Accountants' Opinion	23
Medical Board, Officers and Medical Staff Members*	24
Members of the Roosevelt Hospital House Staff*	27
Members of the Roosevelt Hospital Administrative Staff*	28
Volunteer Committee Members and List of Volunteers*	29
West Side Story and the Lincoln Square Project	30
The Progress Fund and Forms of Bequest and Devise	32

*all listings as of December 31, 1959

THE ROOSEVELT HOSPITAL
428 WEST 59th STREET NEW YORK 19, N.Y.



1959 Financial Highlights

INCOME FROM PATIENTS \$4,824,000

Salaries and Wages \$4,062,000 • Supplies and Other Expense \$1,957,000 • Depreciation \$380,000

TOTAL EXPENSES \$6,399,000

OPERATING DEFICIT \$1,575,000*

ENDOWMENT GIFTS and OTHER INCOME \$1,201,000

DEFICIT \$374,000

OUR ENDOWMENTS \$839,000 for General Operations, \$7,120,000 for Specific Purposes

To offset our losses for below cost care, the Roosevelt Hospital needs to augment its Endowment Fund by \$12,000,000

*Operating Deficit includes Difference between our cost and the Revenue received from New York City for care of the indigents \$775,000



Mr. Roberts, Mrs. Bush, Mr. Straus

Report of THE PRESIDENT OF THE BOARD OF TRUSTEES

Roosevelt Hospital's heritage of service to the public began ninety years ago—the year Ulysses S. Grant was inaugurated President of the United States and Sir Joseph Lister was credited with the discovery of antiseptic surgery. That was 1869—the year James H. Roosevelt founded our hospital.

Through the years the Administration, the Medical Board and the Trustees have always focused their attention on patients—providing them with the best in medical care, equipment and facilities. In meeting our ever-mounting challenges, we have never sacrificed the personalized features of our patient service so important at Roosevelt Hospital. Our first concern has been, and will be always, *patient care*.

Our ninetieth anniversary year will go down as one in which the Administration, the Medical Board and the Trustees worked harder than ever to provide increasingly better care for our patients.

We accomplished much in 1959.

We celebrated our anniversary with Founder's Day at the Waldorf-Astoria on October 29. We heard Admiral Hyman G. Rickover discuss the "Role of the Professional Man." We shared Dr. Thomas Peightal's pride in tracing the historic highlights in our hospital's history. We listened to Dr. Arthur J. Antenucci, president of the Medical Board discuss the "Future Outlook of Medicine at Roosevelt Hospital." We heard Jack I. Straus, vice president of the Board, report on the Progress Fund for our new Garrard Winston Memorial Building.

We signed the contract for our new 12 story building. We saw our original administration building razed, brick by brick, and we are still searching for our missing cornerstone.

We worked hard and raised \$116,220 towards our Maintenance Fund to help defray our \$775,000 loss on indigent care. We applauded our loyal and active volunteers who sponsored the most successful Ball of the Roses ever, which netted the hospital close to \$40,000.

We saw our Progress Fund total climb to \$7,351,967 and we have faith that we shall earn the contingent pledge of Mr. John D. Rockefeller, Jr. by the May, 1960 deadline, qualifying us for an additional \$250,000.

We made many decisions in 1959. We studied many problems. We uncovered many weaknesses in our role as trustees. We saw what happened when a major strike is called among hospital workers throughout the city.

We learned many things, but most of all, we became aware of a great need to refocus our sights on our responsibilities as trustees. We realized that we were not fully using the experience, resources and know-how of our distinguished and versatile group of board members. And we decided to do something about it.

We appointed Thomas D'Arcy Brophy chairman of an action committee to study the role of the Trustees, to bring about their more active involvement into the total hospital picture. Mr. Brophy and his committee members, H. Whitfield Carhart, Jr., Bayard Dominick, Gustav S.

Eyssell and Ralph T. Reed, met with members of the Administration and the Rudge Associates to set new goals — to study, to plan, and to come up with some answers to the many questions plaguing administrators of voluntary hospitals today.

Our committee decided that more active trustee participation was urgently needed. It came up with some sound, constructive suggestions, including the setting up of special committees to undertake specific assignments for administration. The first such *special* committee to be appointed was for the School of Nursing and a report is expected to be completed in 1960. Such questions occur as:

How should the School be financed?

What is the optimal size for a School of Nursing for Roosevelt Hospital?

Should the School remain a hospital school or seek university or college affiliation?

What are its proper educational objectives?

These are but a few of the important questions board members hope to answer in the near future through the long range planning committee now hard at work.

The trustees are more aware than ever of their responsibilities to the hospital and to the public they serve.

They realize that the real crisis facing voluntary hospitals in New York City must be solved now.

This dilemma has been caused by the long continued failure of the City of New York to reimburse the voluntary hospitals adequately for free and below-cost care to the needy sick.

The payments for inpatient care which the voluntary hospitals received from the city bear little relationship to the cost of such care.

For example, we are paid \$20 a day for medical and surgical patients when our actual costs average more than \$33.61 a day. But, more significant than that, the city payment falls far below the costs in its own municipal hospitals, which now run about \$30 a day. In other words, the city enjoys at least a \$13.00 daily bargain rate at the expense of our hospital

when patients — for whom it is responsible under the law — are cared for in the wards of voluntary rather than municipal hospitals.

Out of every dollar received from the patient, approximately 70 per cent goes into hospital salaries, which is eloquent proof that hospitals continue to render a high degree of personal service.

Some nations have swept the medical cost problem under the rug with government controlled medical programs, although this usually means that they end up paying the same bills in taxes.

What does the public want in terms of medical care?

This is another question now being studied by the trustees. Surveys on hospital operations indicate that the public does not know very much about hospitals. Our trustees have decided that the public might well become better informed about our hospital.

Roosevelt is a *general* hospital in that it accepts all types of medical and surgical patients.

It is an *acute* hospital in that it cares for patients through the critical stage rather than through chronic and convalescent phases.

It is a *voluntary, charitable* hospital, established as a public service by James H. Roosevelt, and it serves through its own Board of Trustees.





It is a *non-profit* hospital, whose income is returned to the institution rather than to owners or stockholders.

It is a *teaching* hospital by virtue of its close relationship with the College of Physicians and Surgeons at Columbia University and through its own School of Nursing. Recognition must be given here to the fact that the intern, resident and nurse's training programs are making ever

greater demands on the hospital's budget. We realize that it is essential that we should continue to be a major training center for those who dedicate their careers to medicine. But, this growing burden of training costs raises a highly important question:

Should the complete cost be the sole obligation of those who happen to occupy hospital beds, and of public-spirited citizens whose beneficence supports our hospital activities?

With each advancing year more and more patients are being covered by medical insurance programs. This produces a shortage of ward patients, available for teaching services. If this trend continues there will be a shortage of patients for our young interns, residents and student nurses to study.

Our hospital was built on the benefactions of people who foresaw the value of a teaching hospital with the most modern facilities. Many achievements of the past can be traced to the generosity of patients who took this means of expressing their appreciation for treatment and for the hospital's service to the community.

In order for the hospital to continue to progress and give better patient care, providing the very best protection to the community, assistance is needed from the public. Friends of the hospital can share in this benevolence by contributing to the hospital.

During the past 90 years, our friends have given generously to The Roosevelt Hospital. I acknowledge with gratitude the many gifts from individuals, foundations, corporations and agencies that made our expansion possible.

As we continue to meet our future challenges, we hope that our friends will find it possible to continue their welcome and needed participation with us. We need their help if we are to continue to provide the finest in patient care, research and education.

The United States is the last major country in the world where the voluntary system still provides the great majority of health care to the population.

Great progress is now under way to meet current and future needs which are transforming the landscape of our hospital and its environs. The entire West Side Community is changing with the emergence of the Lincoln Square Project.

Behind the fund raising activities lie the prudent use of donated funds and the intricate problems met in the careful, necessary planning required to keep Roosevelt in step with the march of medicine and better patient care. Not the least of our problems has been keeping the hospital's basic organization intact and accommodating its many diverse services.

Our prime objective will remain the operation of the hospital as economically as possible without affecting our excellent teaching and research program. To do less would be to ignore the responsibility given us by our founder nine decades ago.

Since our trustees are continuing to search for newer and better ways to meet the problems of patient care, the hospital will maintain its fine reputation as a center for the care of the ill as well as for teaching and research.

We are aware of the dangers facing the voluntary hospital today. We know that whether more control is to come from volunteer groups

or the government, will depend upon how soon we, as Trustees, take voluntary action. We are working toward solving these problems so that there will not be an increase of government controls.

We have all worked hard during the past year and we are making much progress.

We feel that we are closer to the vision of what a hospital should be than at any other time in our history.

We know that Roosevelt Hospital will continue to serve the community in the next 90 years, as faithfully as it has in the past.

To Mr. Roberts and Mr. Straus, and to all of my colleagues on the board; to Mr. Terenzio, our administrator; to Dr. Antenucci, president of the Medical Board, and to our loyal and hard-working volunteers and employees—"Thank You," for your help. I wish to express my profound admiration, my highest praise and my deepest appreciation to each one of you.

A handwritten signature in gold ink that reads "Marie P. Bush".

MRS. DONALD F. BUSH
President, The Board of Trustees





Mr. Humbert, Mr. Terenzio, Mr. Nicklas

Report of THE EXECUTIVE VICE PRESIDENT

Age alone is not the measure of a hospital's greatness. With each passing year it must acquire new vigor if it is to keep pace.

The Roosevelt Hospital was founded in 1869 —the year James Gordon Bennett of the New York Herald directed Stanley to find Livingston.

We have accomplished much in the past nine decades—but 1959 will go down in our history as the year of decision — the year of greatest growth.

The facts and figures presented here and elsewhere in this report, lead to a happy conclusion: but these facts and figures can only provide a gauge of growth—only a pattern of progress. No matter how gratifying the past is to all who interest themselves in the achievements of any enterprise, we must now focus our energies on the future opportunities within our reach.

Consider opportunity. From the outset of its founding in 1869 — when New York City's population was but a mere 900,000—Roosevelt Hospital has been face to face with a bright promise.

From the first year when we admitted 730 patients — through 1959 when 10,778 were admitted, our hospital has been meeting its challenges. As medical knowledge grows, requiring new services as it does, so grow the complications of hospital administration. In order to offer new knowledge to patients, the medical staff had to enlarge its number and scope. To guarantee good care, the Staff and the hospital together had to establish standards, governing rules and procedures. And the services developing out of these new ways had to be

organized, policies determined and personnel trained. Progress continued through the years, but reached its apex in 1959—our 90th Anniversary year.

The promise shines brighter than any one ever dreamed possible. We are not only facing our major challenge of hospital administration — to care for the sick and injured using every facility of modern day medicine and automation, but we are not forgetting the personal factor so important in our field.

During the past year, administration has worked hard to develop ways to increase total efficiency on every level — to bring about an awareness of how each department is dependent upon the other in the total hospital image if better patient care is to be our end goal.

We engaged the Rudge Associates to help us self-examine ourselves and our problems.

We focused a magnifying glass on ourselves, and each department head who attended the management conference at Atlantic City came up with some exciting ideas for the coming year.

We learned many things from our management representatives at Atlantic City. We learned how important is the need for better coordination, better communication and more rapid follow through among the groups that comprise the Roosevelt Hospital family—from the man who keeps the hallways spotless all the way up to the man who makes the final decisions on policy.

There is a new climate today. Every person attending the self evaluation conference came back with a whole new concept. They shifted

away from the "They" approach in discussing responsibility, to the "We" approach and the spirit of change and progress is still prevalent.

The Rudge report helped everyone—medical staff, trustees and hospital personnel to see more clearly that individual difficulties and malfunctions were symptoms of the need for fundamental organizational change. So, fundamental changes are in progress at Roosevelt.

Another important achievement of the Atlantic City conference was the discovery that throughout the hospital were great but unharvested resources of individual willingness—eagerness—to improve performance, to tackle long-standing problems and to get on with the job to provide better patient care.

The most urgent and immediate action concerned the inequities within the wage and salary scale structure. Effective the first of January, 1960, the minimum wage of \$50 per week was initiated and major revisions of policies relating to vacations, sick leave, relief periods and holidays went into effect simultaneously. In the future all increases in the various wage scales will be based on merit.

Progress itself is generating more progress. But the great importance of all this is the fact that inertia has been broken. More than 100 employees have management responsibilities and each one is determined to unravel the snags in his own department.

Our ninetieth anniversary year was a great year for Roosevelt Hospital. We have begun to make progress which can set the lead for all hospitals which share our problems and our challenges.

We are trying to bring about closer liaison with the Medical Staff and the Trustees. We need their help, because only when everyone in the hospital family cooperates can the hospital achieve its primary goal — better patient care.

No matter what its stature, or its equipment, everything a hospital does, and is, really depends on its people—the doctors, the nurses, the technicians, the volunteers and the 900 non-professionals who work together on the hospital team.

When Roosevelt opened 90 years ago there were 180 ward beds and six private beds. Today there are 450 beds for private, semi-private and ward patients.



We are very proud of our employees at Roosevelt. In 1959 three, who have been with us for 25 years, were presented service pins; and another 89 who have served for more than five years were honored. Since the Annual Awards Dinner was founded in 1950, 265 employees have received pins for more than five years' service. They represent a total of 2,675 years of service to our hospital.

Operating a hospital today is big business, and we are having our financial problems, along with every other voluntary, non-profit hospital in the United States.

Most of our hospital's loss is the result of care provided to persons unable to pay for it.

Unfortunately, not as much progress has been made in the direction of financing indigent medical care as it would be nice to be able to report. Gifts and contributions to the hospital were the saving grace and I wish to express my grateful appreciation to the many friends who assisted. But this, too, had its limitations and no administrator would dare budget his expenditures on the basis of gifts that might be received. The stumbling stone has always been free care. Until this responsibility is determined, hospital financing will never reach the fair and equal basis toward which it has been striving.

Administrators familiar with the myriad of problems that face hospitals daily, are face to face with this question: Will the Voluntary hospital, with all its splendid history of service and accomplishment rise to meet the issue of this day or will the public increasingly look to its alternative—government—for the regulation and control of hospital affairs?

As "Trustee," the Journal for Hospital Governing Boards, pointed out in its January, 1960 issue: "our country now stands alone as the world's sole example of voluntary effort in health affairs.

"The hospital is, by and large, the single element in the total health spectrum that is said to be totally community motivated and oriented. Its policy and operation are not keyed to the interest or benefit of any individual particular

group. Administrators of hospitals everywhere must be able to provide the assurance the public seems to be looking for: that hospitals are operated in the public's interest."

We have achieved much in our first nine decades at Roosevelt Hospital. But we must not be satisfied with merely defending the status quo.

We must be ready to meet every challenge as it confronts us, whether it is in the field of medicine, administration, personnel, hospital practices, maintenance or financing.

We must fulfill our obligation to serve the public by providing the best patient care possible.

We have had the wonderful cooperation and leadership of Mrs. Donald F. Bush, president of the hospital and Dr. Arthur J. Antenucci, president of the Medical Board, who have contributed so much to Roosevelt. We are beholden to them and to our many friends who have helped us in so many ways. We cannot express enough our appreciation for what they have done.

I hope that this brief glimpse behind the facts and figures has left you with some sense of excitement—of accomplishment and of greater things to come.

It is your continuing support that will insure our continued growth and progress at Roosevelt.



PETER B. TERENZIO
Executive Vice President

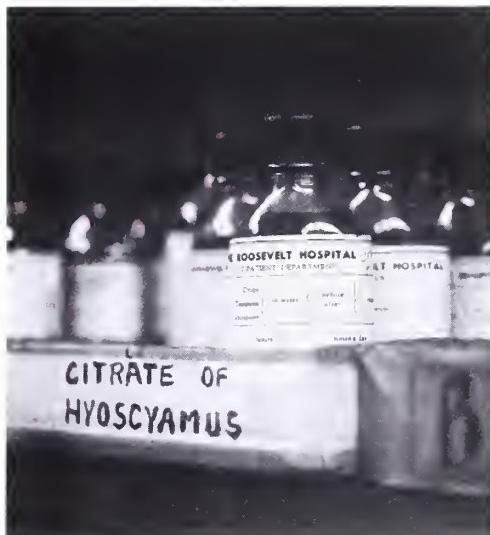


1959 STATISTICS STORY

did you know that The Roosevelt Hospital . . .

- . . . admitted **10,778** patients
- treated **40,435** in emergency
- performed **5,770** operations
- processed **44,657** radiographs
- carried **2,474** Social Service cases
- treated **34,978** in allergy clinics
- treated **3,439** in Janeway Clinic
- handled **250** Radioactive Isotope procedures
- performed **5,278** procedures in anesthesia
- totaled **4,990** days by Psychiatric Service
- treated **23,645** in physical medicine and rehabilitation
- admitted **49** student nurses
- graduated **32** senior nurses
- processed **1,872,701** pounds of laundry
- served **408,309** patient meals
- totaled **676,000** telephone calls
- used **3½ million** kilowatt hours

OPERATING A HOSPITAL TODAY IS BIG BUSINESS





Dr. Patterson, Dr. Antenucci, Dr. Taylor

Report of THE PRESIDENT OF THE MEDICAL BOARD

Many events, significant in the history of the Roosevelt Hospital, took place during 1959, our 90th anniversary year.

In my annual report for 1958 I stated that "One of the most important decisions made was that of an understanding and informed Board of Trustees acting on the advice of a united Medical Staff to add obstetrics to the services of The Roosevelt Hospital. This momentous decision succeeded in dispelling the sense of gloom and utter frustration that had beset us all when but a short time before there seemed little hope that such a happy conclusion would be reached."

With a keen understanding of the many problems of the future, the Board of Trustees, after much deliberation and consultation with the Medical Staff, made another and perhaps even more important decision in 1959 when it announced that the Garrard Winston Memorial Building would be built up to twelve stories instead of seven as originally planned.

Everyone realized with the announcement of this decision that it meant that we would now have to raise \$10,000,000 instead of \$8,000,000 to accomplish our purpose; but all willingly dedicated themselves to the task.

It would be difficult to estimate the importance to the future of the hospital of this decision. Though contemplated as the addition of simply an empty shell of five stories, it would provide room into which the expansion of the future could take place when our needs became better defined and understood. More than ever, master planning taking into account many com-

plex factors, but especially community needs, would be necessary; though much time had been devoted already to this problem in the thinking of the Medical Staff and the Board of Trustees.

No event of 1959 provided more joy to the Roosevelt Staff than did the beginning of demolition proceedings in August to make way for the new building.

On January 1, 1960 Dr. Kenneth T. Donaldson, Dr. Barbara Logan and Dr. Jan Ehrenwald became Attendings, respectively, in Medicine, Gynecology and Psychiatry. Dr. Joseph M. Ford, Dr. Walter A. Wichern became Associate Attendings in Surgery, while Dr. Ralph W. Gause and Dr. Virginia Wilking became Associate Attendings, respectively in Gynecology and Psychiatry (child). Dr. Justin T. Callahan succeeded Dr. Barbara Logan as Chief, OPD, Gynecology. Dr. John T. Brennan, Jr., was appointed Assistant Attending in Surgery; Dr. Thomas Tamlyn was appointed Junior Assistant Attending in medicine and Dr. Donald Schafer was appointed to the position of visiting consultant, Surgery (Ophthalmology).

There were three resignations: Dr. Bernard Kalfayan as Director of Laboratories and Attending Pathologist, Dr. Bradley Bigelow as Assistant Attending Pathologist and Dr. I. A. Jaffe as Junior Assistant Attending in Medicine, effective December 31, 1959.

There were three deaths in 1959: Dr. Albert Vander Veer, consultant in medicine (allergy), long connected with the Institute of Allergy as Attending before his retirement; Dr. Selian

Hebald, Assistant Attending medicine (allergy) and Dr. Gerald F. Machacek, Dermatology. These deaths are recorded with great regret.

The year 1959 will long be remembered for the great efforts that were made to launch a new phase of research at the Roosevelt Hospital.

In addition to caring for the sick, and training doctors in clinical medicine and surgery, we have contributed in the past according to the facilities available to us, in research involving refinement of diagnostic and therapeutic techniques, evaluation of therapy, studies of group cases, etc.

These studies should and will continue for they have added much to our knowledge. However, it was realized a long time ago that the hospital, as a matter of policy, must engage in research of a more formal and basic type.

Our only problem was lack of funds. This problem plagued and thwarted us at every turn. Such research had been going on and continues in one department of our institution, in the Institute of Allergy under the leadership of Dr. Robert A. Cooke. He brought with him in the early thirties a going concern. His laboratory, quartered on the same floor with the allergy out patients, creates a picture that should be seen more often—the patient on one side and the experimental laboratory on the other.





This is the type of situation we are in the process of creating in the new building where adequate facilities will be provided for clinical and experimental research. Meanwhile, until the permanent quarters are available, experimental research is in progress in the resurrected old Harriman Laboratory on the southwest corner of the Roosevelt block.

In 1954 the reconditioning of this old laboratory, to provide quarters for experimental surgical research, was approved by the Board of Trustees; but for many reasons, chiefly lack of funds, this was held up. However, because research facilities would not be available at the Roosevelt Hospital until the erection of the Garrard Winston Memorial Building two and a half years hence, as President of the Medical Board I brought it up for discussion again encouraged by the fact that from the Martha Bayard Estate I could allocate certain funds to this project. In consequence of this the old Harriman Research Laboratory re-opened as the Roosevelt Hospital laboratory for Experimental Surgical Research under the direction of Dr. J. Maxwell Chamberlain, who started work on problems of air-pollution and the effects of chronic irritation in man under a grant from the Hartford Foundation.

In 1959 the Board of Trustees granted approval for the projected research of the medical service to be conducted by Dr. Herman Ziffer in the laboratory on Ward Four. The initial funds for this were raised by Dr. Julian M. Freston.

It became increasingly evident during 1959 that the Roosevelt Hospital, whose Medical Staff had already given much thought to research in recent years, must now make plans to meet its challenge. To this end a committee for the development and conduct of Research at Roosevelt Hospital met to discuss the problems posed by the addition of research to the hospital's activities.

The committee was made up of Mrs. Donald F. Bush, President of the Board of Trustees, Mr. George A. Benington, Trustee, Dr. Willard

C. Rappleye, Trustee of the Hospital and President of the Josiah Macy Foundation, and former Dean of the College of Physicians and Surgeons, Columbia University, Dr. Howard A. Patterson, Vice-President of the Medical Board, Dr. Gurney Taylor, Secretary of the Medical Board, Mr. Peter B. Terenzio, Executive Vice-President of the Hospital and Mr. John Nicklas and Mr. Harry O. Humbert, Associate Vice-Presidents of the hospital and myself.

At this meeting ground rules, so to speak, were adopted, setting forth the mechanics necessary for the orderly conduct of research at The Roosevelt Hospital. They defined the role of the Trustees in the research program, confining this role to that of broad policy formulation and approval of all proposed medical research projects irrespective of origin as follows:

- A** Chief(s) of Service.
- B** Research Committee of the Medical Board.
- C** Executive Committee of the Medical Board.
- D** Medical Board.
- E** Executive Committee of the Board of Trustees.

This plan was quickly approved by the Medical Board and the Board of Trustees. It necessitated the creation of a Special Research Committee of the Medical Board to replace the old and it was my pleasure to appoint the following men to this committee: Dr. Gurney Taylor, Chairman, Dr. J. Maxwell Chamberlain, Dr. Gabriel Covo, Dr. Joseph M. Ford, Dr. J. Beall Rodgers and Dr. William B. Sherman. Thus began formal research at Roosevelt Hospital, in moderate quarters to be sure, but ready as a matter of hospital policy, to meet the future growth of this new phase of our development.

The staff during 1959 continued its highly effective operations in the care of the sick. The training of the resident staff and the teaching of the fourth year medical students and clinical clerks in residence at the hospital from the College of Physicians and Surgeons, continued. As usual the Medical Board, through its many committees, was very active, and the intramural teaching program with its many conferences and other planned activities continued to be organ-

ized very effectively and run under the guidance of the Chiefs of Service, ably assisted by the medical and surgical coordinators of medical education.

It has been my privilege to have held office during two very difficult years, years however that have been very significant and historic for the hospital. To have been privileged to play a small role in the drama of these two years has been reward enough for the many hours of labor involved to complete the many tasks placed before me. I could not have functioned had I not had the friendly, sympathetic, understanding support of the Board of Trustees and the Administrative Staff, notably Mrs. Donald F. Bush, President of the Board of Trustees, Mr. Jack I. Straus, Vice-President of the Board and Mr. George Roberts, Chairman. They are wise people with vision who love the hospital no less than any of us. Needless to say Mr. Terenzio was of inestimable help to me as were his able assistants Mr. Nicklas and Mr. Humbert.

Finally, I am happy to express my gratitude to my professional colleagues for their untiring help to me during these difficult years. Among them are recognizably many of the leaders of the future of our hospital.

So, the future looks bright. We will continue to train men to become good doctors; we will continue to take good care of the sick. We will continue to be interested in the problems of public welfare. But, in addition, we will embark on a program of research, as a matter of hospital policy, realizing that a hospital that does not add something to the sum of medical knowledge has failed in its responsibilities and its purpose.



Arthur J. Antenucci

ARTHUR J. ANTENUCCI, M.D.
President, *The Medical Board*

ADMINISTRATIVE STAFF

Executive Vice President: PETER B. TERENZIO



financial and institutional administration

Associate Vice President: HARRY O. HUMBERT

Personnel: Charles E. Callan
Development & Public Relations: Ernest F. Gamache

Assistant Controller: Stanley Karbowsky
Assistant Vice President: Philip J. Walsh

Purchasing: Wallace O. Bunker
Communications: Edwin Friend
Dietary: Marvin E. Hinson
Laundry: Ernest F. Jones
Engineering: F. J. Koster
Admitting: Viola B. Moore
Administrative Assistant: Howard Newman
Building Service: S. Ruth Wiersom

professional and educational administration

Associate Vice President: JOHN NICKLAS

Director, Nursing Service: Virginia Olson

Director, School of Nursing: Eileen O. Scott

Medical Records: Hazel Del Cour
X-Ray: Lazarus Hochberg
Allergy: Marcelle Johnson
Special Therapy: Barbara Karpell
Pharmacy: William Notar-Angelo
Anesthesia: Margaret Sullivan
Physical Medicine & Rehabilitation: Cora Alice Taylor
Social Service: Claire W. Wheat



Report of THE CHAIRMAN OF THE VOLUNTEER COMMITTEE

Ninety years ago, when gas lights illuminated Manhattan's beautiful Brownstone houses and rope elevators powered by steam were in vogue, The Roosevelt Hospital was founded. Susan Brownell Anthony was elected president of the National Suffrage Association that year. Two well-known Manhattan landmarks, The Metropolitan Museum and the American Museum of Natural History were founded.

The Hospital Volunteer program as we know it now, was in 1869, an unknown vision. Today, the active corps of volunteers, Nurse's Aides and Grey Ladies, is a vibrant, living force.

Three-hundred and sixty-five dedicated volunteers gave 29,615 hours of free service to the hospital in 1959. They moved about in their bright green, freshly starched uniforms. They pushed the book and gift carts. They wrote letters, played games, and just plain listened.

Two new services were initiated in our 90th anniversary year—a junior program utilizing the students trained by the American Red Cross, and the Friendly Visitors—volunteers who brought in a bit of the outside world to lonely bedridden patients.

Two other services were enlarged—the Escort Service for patients wishing to attend Protestant Services or Catholic Mass—and the hospital sewing program. A group of women from Christ Methodist Church are now sewing for us.

The Volunteer Shop, managed by Miss Christine Kutka, the sole support for volunteer activities, pledged \$5,000 to The Progress Fund.

The Nearly New Shop, which sells donated new and used articles, contributed toward the

regular monthly support of the Social Service program, helped to make Christmas happier for some of the out-patients and provided camp vacations to some of our pediatric patients. In addition, the Nearly New Shop pledged \$5,000 to the Progress Fund and contributed another \$5,000 to the Maintenance Fund.

The Volunteer committee ran the seventh annual Ball of the Roses which netted \$40,000 to the hospital's free or below cost medical care program. They also assisted in the United Hospital Fund Campaign and were credited with collecting \$21,186.56.

Our 90th anniversary year marked the retirement of Miss Ruth Cushman, Director of Volunteers for 14 years. It was difficult to say good bye to our good friend and able manager, but fortunately for us, we were able to secure the services of Mrs. Eve Dyrssen.

We are proud of our hospital's record during its first 90 years of service. The Volunteer committee will continue to broaden its services to enrich the hospital and the community it serves.

Kathleen Sherrill

MRS. LEICESTER H. SHERRILL
Chairman, The Volunteer Committee



Historic

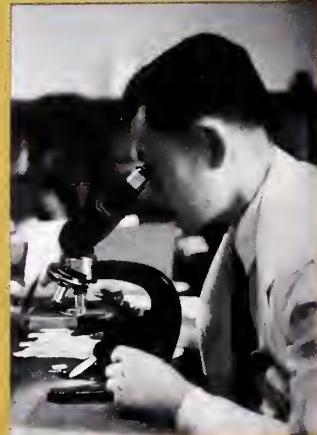


Highlights

- 1871** Roosevelt Hospital opened
- 1877** Horse-drawn ambulances established
- 1885** New Out-Patient Department Building opened
- 1890** McLane Gynecological Operating Room opened



- 1892**-
1893 Syms Operating Room opened
- 1895** Hospital completely wired for electricity
- 1896** Nurses Training School established
- 1896** Private Patients Pavilion opened
- 1899** Catherine Bliss Ward for Children opened
- 1900** Ambulance changed to electric vehicles
- 1903** Ambulances went back to horses
Electrics not dependable and cost too much to maintain
- 1904** Steam Elevators electrified
- 1909** New Laboratory Building opened
- 1911** New Nurses Home opened
- 1912** Harriman Research Laboratory built
- 1917**-
1918 Roosevelt Mackay Unit known as Base Hospital #15 *American Expeditionary Forces—France World War I*





- 1923** New Ward Building — New X-Ray Department
377 beds, 85 private
- 1924** Whole new telephone system installed
- 1930** Roosevelt Review started
Magazine of Nurses Alumnae
- 1932** Allergy Clinic opened *Dr. Robert A. Cooke, Dr. Albert Vander Veer, Founders*
- 1932** Volunteer Corps established
Mrs. Stuart Crocker, Founder
- 1932** Social Service Department established on present basis
- 1934** Syms Operating Pavilion remodeled as a Memorial to Dr. James I. Russell
- 1941** Catastrophe Unit formed and in service



- 1941** New Private Patients' Pavilion opened
- 1941** Formation of Evacuation Hospital Unit #9 for *World War II Service*
- 1942** Blood Bank opened
- 1949** Russell Memorial Building opened
- 1950** Diagnostic Service established
- 1950** Psychiatric Pilot Plan of New York State started



- 1952** Recovery Room opened
- 1952** Cytology Cancer Detection Laboratory opened
- 1952** Henry Harrington Janeway Clinic for Therapeutic Radiology opened
- 1953** Tower Memorial Building opened
- 1955** New Nurses Home Building opened



THE ROOSEVELT HOSPITAL

ASSETS

General and Temporary Funds:

	DECEMBER 31	
	1959	1958
Cash	\$ 275,452	\$ 276,092
Investments--Bonds and stocks, at cost (market value, 1959, \$301,945; 1958, \$312,005)	301,935	309,398
Interest receivable	92,270	47,737
Accounts receivable:		
Patients' care (less reserve, 1959, \$194,800; 1958, \$191,601)	761,651	708,230
Other	27,136	28,877
Supplies, prepaid insurance, etc..	130,030	99,980
<i>Total general and temporary funds</i>	<u>\$ 1,588,474</u>	<u>\$ 1,470,314</u>

Endowment and Special Funds:

Cash	\$ 460,447	\$ 306,130
Investments — at cost:		
Endowment funds:		
Bonds and stocks (market value, 1959, \$7,799,237; 1958, \$4,074,923)	6,941,810	3,191,097
Mortgages receivable and real estate	152,500	127,053
Special funds — Bonds and stocks (market value, 1959, \$5,594,060; 1958, \$5,787,836)	5,639,633	5,766,204
Interest receivable	33,759	32,165
<i>Total endowment and special funds</i>	<u>\$13,228,149</u>	<u>\$ 9,422,649</u>

Plant and Replacement Funds:

Land and land improvement, at cost	\$ 323,355	\$ 323,355
Buildings and equipment, at cost (less depreciation, 1959, \$3,756,538; 1958, \$3,767,964)	7,331,718	7,518,616
Construction in progress	1,107,968	266,812
Investments — Bonds and stocks, at cost (market value, 1959, \$1,207,754; 1958, \$1,123,274)	939,648	989,500
Cash	52,691	18,022
<i>Total plant and replacement funds</i>	<u>\$ 9,755,380</u>	<u>\$ 9,116,305</u>
<i>Total</i>	<u><u>\$24,572,003</u></u>	<u><u>\$20,009,268</u></u>

BALANCE SHEET, DECEMBER 31, 1959

LIABILITIES

General and Temporary Funds:

	DECEMBER 31	
	1959	1958
Liabilities:		
Accounts payable	\$ 191,165	\$ 195,501
Salaries, wages, and employees' taxes	105,186	111,020
Other	14,395	42,764
Total	\$ 310,746	\$ 349,285
Fund Reserves:		
General Fund	934,482	823,987
Temporary Funds	343,246	297,042
Total general and temporary funds	\$ 1,588,474	\$ 1,470,314

Endowment and Special Funds:

Endowment Fund Reserves	\$ 7,119,660	\$ 3,440,660
Special Fund Reserves:		
Unrestricted Gifts and Legacies Fund	838,834	1,418,340
Stuart M. Crocker Educational Fund	957,327	947,504
Progress Fund	\$ 4,312,328	\$ 3,616,145
Total endowment and special funds	\$13,228,149	\$ 9,422,649

Plant and Replacement Funds:

Plant Fund Reserves:		
Capital invested in property	\$ 7,655,073	\$ 7,360,313
Construction funds	1,107,968	279,939
Total plant fund reserves	\$ 8,763,041	\$ 7,640,252
Mortgages payable		461,997
Accounts payable		19,661
Replacement Funds	992,339	994,395
Total plant and replacement funds	\$ 9,755,380	\$ 9,116,305
Total	\$24,572,003	\$20,009,268

note:

During 1959 the Hospital commenced construction of the Garrard Winston Memorial Building. At December 31, 1959 expenditures on this project amounted to \$1,107,000; commitments for future expenditures are approximately \$7,400,000.

THE ROOSEVELT HOSPITAL

STATEMENT OF INCOME

FOR THE YEARS ENDED DECEMBER 31, 1959 AND 1958

Operating Income:

	DECEMBER 31	
	1959	1958
Care of patients	\$6,568,196	\$5,637,975
Less allowances and provision for doubtful accounts	1,744,367	1,191,345
Care of patients—net	\$4,823,829	\$4,446,630
Other (including transfers from temporary and special funds, 1959, \$96,680; 1958, \$132,102)	533,558	545,470
<i>Total operating income</i>	\$5,357,387	\$4,992,100

Operating Expenses:

Professional, nursing, and special services	\$3,168,608	\$2,991,810
Outpatient service	276,173	273,491
Dietary	646,542	652,155
Household and property	847,554	877,218
Residence buildings	105,506	116,413
Administration	974,791	854,443
<i>Total operating expenses</i>	\$6,019,174	\$5,765,530
<i>Loss Before Depreciation</i>	\$ 661,787	\$ 773,430
Provision for depreciation	380,269	368,999
<i>Net Operating Loss</i>	\$1,042,056	\$1,142,429

Other Income:

Investment income	\$ 402,153	\$ 265,868
United Hospital and Greater New York Fund Grants	144,587	187,206
Contributions	121,002	143,892
<i>Total other income</i>	\$ 667,742	\$ 596,966
<i>Net Loss for the Year</i>	\$ 374,314	\$ 545,463

SUMMARY OF CHANGES IN FUNDS

FOR THE YEAR ENDED DECEMBER 31, 1959

*General
and
Temporary
Funds:*

BALANCE—JANUARY 1, 1959	\$ 1,121,029
ADDITIONS:	
Contributions and Legacies	246,189
Income from Investments	12,723
Fund Transfers:	
For Depreciation on Buildings and Equipment (unfunded)	380,269
From Unrestricted Gifts and Legacies	664,000
Proceeds From Disposal of Equipment,	2,279
TOTAL	\$ 2,426,489
DEDUCTIONS:	
Net Loss for the Year	374,314
Expenditures for Property and Equipment	129,291
Payments by Temporary Funds for Patient Care	64,264
Fund Transfers:	
Plant	461,997
Endowment and Special	15,327
Other	103,568
TOTAL	\$ 1,148,761
BALANCE—DECEMBER 31, 1959	\$ 1,277,728

*Endowment
and
Special
Funds:*

BALANCE—JANUARY 1, 1959	\$ 9,422,649
ADDITIONS:	
Contributions and Legacies	5,168,351
Income from Investments	270,028
Transfers from Temporary Funds	15,327
TOTAL	\$14,876,355
DEDUCTIONS:	
Expenditures for Property and Equipment	907,605
Grants and Other	76,601
Transfers to General Fund	664,000
TOTAL	\$ 1,648,206
BALANCE—DECEMBER 31, 1959	\$13,228,149

*Plant
and
Replacement
Funds:*

BALANCE—JANUARY 1, 1959	\$ 8,634,647
ADDITIONS:	
Property	1,036,807
Transfer from General Fund for Payment of Mortgage Obligation	461,997
Other	4,477
TOTAL	\$10,137,928
DEDUCTIONS:	
Fund Transfers:	
For Depreciation on Buildings and Equipment (unfunded)	380,269
Proceeds From Disposal of Equipment	2,279
TOTAL	\$ 382,548
BALANCE—DECEMBER 31, 1959	\$ 9,755,380

March 18, 1960

Board of Trustees of The Roosevelt Hospital:

We have examined the balance sheet of The Roosevelt Hospital as of December 31, 1959 and the related statement of income and summary of changes in funds for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and statement of income and summary of changes in funds present fairly the financial position of the Hospital at December 31, 1959 and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

HASKINS & SELLS
CERTIFIED PUBLIC ACCOUNTANTS

Accountants'
Opinion

Haskins & Sells
HASKINS & SELLS

MEDICAL BOARD

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HOWARD A. PATTERSON, M.D.
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GURNEY TAYLOR, M. D.
Secretary

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Gurney Taylor, M.D.
Peter B. Terenzio
James E. Thompson, M.D.
John J. Untereker, M.D.
J. Kendall Wallis, M.D.
David M. Weeks, M.D.
William C. White, M.D.
Agnes G. Wilson, M.D.
T. Scudder Winslow, Jr., M.D.

executive committee

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GURNEY TAYLOR, M.D.
Secretary

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Simon A. Beisler, M.D.
William H. Button, Jr., M.D.
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Robert W. Laidlaw, M.D.
R. Sterling Mueller, M.D.
Howard A. Patterson, M.D.
Frank R. Smith, M.D.
Peter B. Terenzio
James E. Thompson, M.D.

MEDICAL STAFF

CONSULTING AND VISITING CONSULTING MEDICAL STAFF

Surgery and Surgical Specialties

Surgical Service

Frank B. Berry, M.D., Thoracic
Lewis S. Booth, M.D., Anesthesia
Malcolm W. Carr, D.D.S., Dental
Daniel Catlin, M.D., Head & Neck
Henry W. Cave, M.D.
Edgar L. Frazell, M.D., Head & Neck
M. Beckett Howorth, M.D., Orthopedics
Charles W. Lester, M.D., Thoracic
Herbert Parsons, M.D., Neurosurg.
Osborn P. Perkins, M.D., Ophthal.
Douglas Quick, M.B., Therapeutic Rad.

Bronson Ray, M.D., Neurosurg.
Algernon B. Reese, M.D., Ophthal.
Donald M. Shafer, M.D., Ophthal.
Alan deF. Smith, M.D., Orthopedics
Alfred Stillman, M.D.
A. Purdy Stout, M.D., Surg. Path.
William C. White, M.D.

Gynecological Service

Thomas C. Peightal, M.D.
Howard C. Taylor, Jr., M.D.

Otolaryngological Service

Richard J. Bellucci, M.D.
George R. Brighton, M.D.
D. H. Jones, M.D., Bronchoscopy
Victor C. McQuaig, M.D.

Medicine and Medical Specialties

Medical Service

George C. Andrews, M.D., Dermatology
Charles A. Bertrand, M.D.
Walter W. Brandes, M.D., Pathology
Samuel C. Burchell, M.D., Neurology
Robert A. Cooke, M.D., Allergy
Claude E. Forkner, M.D., Hematology
Samuel Hecht, M.D., Dermatology
Robert L. Levy, M.D., Cardiology
Gerald F. Machacek, M.D. (1)
Dermatology
Allen S. Russek, M.D., Physical Medicine

Ezra B. Sanford, M.D.
Howard F. Shattuck, M.D.
Cornelius Traeger, M.D., Arthritis
Albert Vander Veer, M.D. (1), Allergy
Carmine T. Vicale, M.D., Neurology
Sidney C. Werner, M.D., Endocrinology
Davenport West, M.D.

Pediatric Service

Edith M. Lincoln, M.D.
Alexander T. Martin, M.D.
Philip M. Stimson, M.D.

Psychiatric Service

Henry R. Gold, M.D.
Christina M. Leonard, M.D., Child Psych.

VISITING MEDICAL STAFF

Surgery and Surgical Specialties

Surgical Service

Chiefs of Surgery
Frederick H. Amendola, M.D.
Howard A. Patterson, M.D.
James E. Thompson, M.D.

Attending Surgeons

William H. Cassebaum, M.D.
J. Maxwell Chamberlain, M.D., Thoracic
Clarence A. Dunn, D.D.S., Dental
R. Sterling Mueller, M.D.
David M. Weeks, M.D.

Associate Attending Surgeons

Howard S. Dunbar, M.D., Neurosurg.
Paul Duxbury, D.D.S., Dental
Joseph M. Ford, M.D.
Charles C. Harrold, Jr., M.D.,
Head & Neck
Henry A. Kingsbury, M.D.
Adrian Lambert, M.D.

J. William Littler, M.D.,
Plastic and Reconstructive
Charles F. Stewart, M.D.
Walter A. Wichern, Jr., M.D.
T. Scudder Winslow, M.D.

Assistant Attending Surgeons
Lowyd W. R. Ballantyne, Jr., M.D.,
Plastic and Reconstructive
John T. Brennan, Jr., M.D.
Rolla Campbell, M.D., Orthopedics
Thomas J. Dring, M.D., Orthopedics
Lee Gillette, M.D.
Andrew M. Linz, D.D.S., Dental
J. Beall Rodgers, M.D.
Edward W. Smith, M.D., Ophthal.

Jr. Assistant Attending Surgeons
Melvin N. Blake, D.D.S., Dental
George K. Brazill, Jr., D.D.S., Dental
Charles Hillyer, D.D.S., Dental
James A. Macdonald, M.D.,
Plastic and Reconstructive

Gastroscopists
Gordon A. McNeer, M.D.
John C. Pierson, M.D.

Gynecological Service

Chief of Gynecology
Frank R. Smith, M.D.

Attending Gynecologist
Barbara J. Logan, M.D.

Associate Attending Gynecologists
Justin T. Callahan, M.D.
Ralph W. Gause, M.D.

Asst. Attending Gynecologist
David B. Crawford, Jr., M.D.

Jr. Asst. Attending Gynecologists
Margot Ammann, M.D.
Anwar J. Hanania, M.D.

Otolaryngological Service

Chief of Otolaryngology
R. Clark Grove, M.D.

Attending Otolaryngologist
Hugh P. Davis, M.D.

Assoc. Attending Otolaryngologists

Charles C. Francis, M.D.
Fred J. Hunter, Jr., M.D.
John S. Lewis, M.D.
Hilton H. Stothers, M.D.

Asst. Attending Otolaryngologists
Henry A. Rusch, Jr., M.D.
Roy T. Shults, M.D.

Jr. Asst. Attending Otolaryngologist
Felix DePinles, M.D.

Urological Service

Chief of Urology
Simon A. Beisler, M.D.

Attending Urologist
Perrin B. Snyder, M.D.

Assistant Attending Urologist
William J. Nelson, M.D.

Jr. Asst. Attending Urologist
Robert D. Wickham, M.D.

Medicine and Medical Specialties

Medical Service

Chiefs of Medicine

Arthur J. Antenucci, M.D., 2nd Division
Julian M. Freiston, M.D., 1st Division

Attending Physicians

Norton S. Brown, M.D.
William H. Button, Jr., M.D.
Kenneth T. Donaldson, M.D.
Royal M. Montgomery, M.D.,
Dermatology
Frank H. Peters, M.D.
William B. Sherman, M.D.
Gurney Taylor, M.D.

Associate Attending Physicians

James H. Barnard, M.D., *Allergy*
David J. Barry, M.D.
Harry C. Christie, M.D.
William W. Field, M.D.
Charles C. Foote, M.D.
Leo B. Halleran, M.D.
Valentine A. Hofmann, M.D.
Thomas P. Jacobs, M.D.
Norman W. Macleod, M.D.
Myron C. Patterson, M.D.
Albert C. Santy, M.D.
Henry G. Schaffeld, M.D.

Asst. Attending Physicians

Lilian Boker, M.D., *Allergy*
Earl B. Brown, M.D., *Allergy*
Sidney M. Cohen, M.D., *Neurology*
James Ducey, M.D.
A. Albert Goodman, M.D., *Allergy*
Sellon Hebdal, M.D. (1), *Allergy*
Wilbur B. Hurlbut, M.D., *Dermatology*
Daniel Hyman, M.D., *Dermatology*
Walter R. Kessler, M.D., *Allergy*
Arthur T. Meseveau, Jr., M.D.
Robert B. Tator, M.D.
William B. Waterman, M.D.

Jr. Assistant Attending Physicians

Gabriel A. Covo, M.D.
John R. Edsall, M.B.
Frank E. Iaquinta, M.D.
Israelli A. Jaffe, M.D.
Joseph L. O'Brien, M.D.
Thomas C. Scanlan, M.D.
Thomas T. Tamlyn, M.D.
Herman Ziffer, M.D.

Pediatric Service

Chief of Pediatrics
Edmund N. Joyner, III, M.D.
Attending Pediatricians
Hedwig Koenig, M.D.
John F. Landon, M.D.
Agnes Wilson, M.D.

Associate Attending Pediatrician

Umberto Stefano, M.D.

Asst. Attending Pediatricians

Charles Bauer, M.D.
Claudia E. Cambria, M.D.
Lucie L. Rudd, M.D.
Evelyn D. Schmidt, M.D.

Psychiatric Service

Chief of Psychiatry
Robert W. Laidlaw, M.D.

Attending Psychiatrists

Justin L. Greene, M.D.
Jan Ehrenwald, M.D.
Bernard L. Pacella, M.D.
J. Kendall Wallis, M.D.

Associate Attending Psychiatrists

E. Alden Ellison, M.D.
Edward W. Kloth, M.D.
Francisco Merino, M.D.
Robert S. Mumford, M.D.
Harry R. Potter, M.D.
Eda Priest, M.D. (3)
Virginia N. Wilking, M.D.
Bernard Zuger, M.D.

Assistant Attending Psychiatrists

Barre Alan, M.D.
Robert C. Ascher, M.D.

Arline C. Caldwell, M.D.

Ralph W. Clemments, M.D.
Herman P. Gladstone, M.D.
Alvin H. Goff, M.D.
Charles C. Hewitt, M.D. (2)
Stephen W. Kempster, M.D.
Robert L. Meineker, M.D.
Burton B. Steel, M.D.
James W. Watson, M.D.

Department of Physical Medicine

Associate Attending Physiatrist
John J. Untereker, M.D.

Department of Laboratories

Attending Pathologist
Bernard Kalfayan, M.D.

Asst. Attending Pathologists

Bradley Bigelow, M.D.
Marianne Wolff, M.D.

Department of Radiology

Attending Radiologist
Albert A. Dunn, Jr., M.D.

Assistant Attending Radiologists
Doris Bate, M.D. (2)
Albert F. Keegan, M.D.
Sabino J. Rizzo, M.D.

VISITING MEDICAL STAFF OF THE OUT-PATIENT DEPARTMENT

Surgery and Surgical Specialties

Surgical Service

SURGICAL CLINIC

Chief
T. Scudder Winslow, M.D.

Assistant Chief
Joseph M. Ford, M.D.

Attendings

Loyd W. R. Ballantyne, Jr., M.D.
John T. Brennan, Jr., M.D.
Rolla Campbell, M.D.
William H. Cassebaum, M.D.
Thomas J. Dring, M.D.
Howard S. Dunbar, M.D.
Lee Gillette, M.D.
Henry A. Kingsbury, M.D.
Adrian Lambert, M.D.
J. William Littler, M.D.
J. Beall Rodgers, M.D.
Walter A. Wichern, Jr., M.D.

Assistant Attendings
Kenneth M. Lewis, Jr., M.D.
James A. Macdonald, M.D.
Eugene L. Watkins, M.D.

Clinical Assistants
Martin C. Rogers, M.D.
H. G. Sandvoss, M.D.

BREAST CLINIC

Chief
R. Sterling Mueller, M.D.

Attending
J. Beall Rodgers, M.D.

DENTAL CLINIC

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Attending

Paul Duxbury, D.D.S.

Assistant Attendings

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Robert S. Millen, M.D.
Equinn W. Munnell, M.D.

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Charles K. Hamilton, M.D.
John C. Stockman, M.D.

(1) Deceased (3) Leave of absence

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Ralph N. Salatino, M.D.
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Irvin Taube, M.D.
Harold W. Williams, Jr., M.D.

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1st Assistant Resident
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2nd Assistant Resident
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Assistant Residents
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Rosario F. Sison, M.D.
Shoffner T. White, M.D.

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Bernard McC. O'Brien, M.S., F.R.C.S. (1)

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Resident
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Miss Beverly F. Landauer
Miss Barbara L. Lauch
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THE ROOSEVELT HOSPITAL

...is approved for intern and resident training by

- The American College of Surgeons
- The American Medical Association
- The American Dental Association

...is accredited by

- The Joint Commission on Accreditation of Hospitals

...is affiliated with

- The College of Physicians and Surgeons, Columbia University

...is a member of

- The American Hospital Association
- The Hospital Association of New York State
- The Greater New York Hospital Association
- The Greater New York Fund
- The United Hospital Fund

*...is a participating hospital in the Master Plan for
Hospitals and Related Facilities of*

- The Hospital Council of Greater New York

THE ROOSEVELT HOSPITAL SCHOOL OF NURSING

...is approved by

- The New York State Department of Education

...is fully accredited by

- The National League for Nursing Accrediting Service

...is a member of

- The Department of Diploma and Associate Degree Programs
of the National League for Nursing



West Side Story



While steam shovels, bulldozers and drillers hum sweet music
north of Columbus Circle building a new Philharmonic Hall in the Lincoln Center
for the Performing Arts—brother construction workers are digging, blasting and drilling for
Roosevelt Hospital's new \$10,000,000, 12-story Garrard Winston Memorial Building.
Our new building is expected to be completed about
the time the first concert notes float out over the new Philharmonic Hall.

What Lincoln Square *will mean* to the Performing Arts—
Roosevelt Hospital *will be* to medicine and better patient care.

When the West Side Story is written there will be an exciting chapter included
on our hospital. Our Board of Trustees, Administrator and Medical Staff
have shown the same great vision which has brought together
the dream of Lincoln Square, translated into reality.

R The Roosevelt Hospital

L The Lincoln Center for the Performing Arts

① Collegiate Center

② Housing

PROGRESS FUND



Nineteen Hundred and Fifty-nine, Roosevelt Hospital's 90th anniversary year, was one of great accomplishment. With great pleasure the Board of Trustees announced that a total of \$7,351,967 had been contributed toward the Progress Fund's \$10,000,000 goal to construct the Garrard Winston Memorial Building. This was tremendous progress, but much still remains to be done. The Progress Fund is still \$2,648,033 short of its goal. Planning and expanding to meet the growing needs of 400,000 mid-town Manhattan residents and workers is now going on.

To match the foresight of those responsible for this future expansion there must also be foresight exercised by those who are going to benefit from it. Hospital financing is too much catch-as-catch-can and too deeply dependent upon sporadic charity giving. Just as today's research brings tomorrow's improved patient care, so must today's financing of hospitals provide for tomorrow's expansion of facilities. The Board of Trustees of Roosevelt Hospital

acknowledges with gratitude and with sincere personal thanks the unselfish contributions of time, energy and resources of all whose combined efforts have made possible this year's outstanding Progress Fund record. They acknowledge with equal gratitude the gifts from individuals, foundations, corporations, and agencies that have made our campaign effort successful and the present hospital development program possible.

Roosevelt Hospital officials hope that as it continues improvement of facilities for patient care, research and education, generous friends and former patients of the hospital will find it possible to continue to help support our voluntary, non-profit, charitable hospital program. We cannot progress without that help.

The activities and medical program of The Roosevelt Hospital is supported in part by the income from bequests and devises from friends of the hospital who wish to help the sick of New York. Bequests and devises may be made in the following form:

FORM OF BEQUEST

I give and bequeath to The Roosevelt Hospital in the city of New York the sum of _____ dollars (\$_____) to be applied to the use and benefit of the said hospital, under the direction of the Trustees thereof.

FORM OF DEVISE

I give and devise to The Roosevelt Hospital in the City of New York all that, etc. (describe the property) to be had and holden to the said Roosevelt Hospital in the City of New York, its successors and assigns, for the use and benefit of the said hospital.



PARDON THE NOISE
PARDON THE DUST
PARDON THE BLASTS



Pneumonia Alley — a temporary passageway between the old Residence Hall and the Private Pavilion, must be used until the new Garrard Winston Memorial Building is completed. Target date, 1962.